Gift to Agency Report	A Public Doo	ument	GIFT TO AGENCY REPORT	
1. Agency Name		Date Stamp	California 801	
CaliforniaVolunteers			Form OU	
Division, Department, or Regi	on (if applicable)		For Official Use Only	
Street Address		<del></del>		
1110 K Street, Sacramento	, CA 95814			
Area Code/Phone Number	E-mail	Amendment (expl	ain in comment section)	
(916) 445 0873		I —		
Agency Contact (name and title)		Date of Original Filin	Date of Original Filing: (month, day, year)	
Dan Maguire, Deputy Legal	Affairs Secretary			
2. Donor Name and Addres				
☐ Individual		Other Shinnyo-en Found	lation	
Last Name	First Name		Name	
201 Mission Street, Suite 2	450 San Francisco	CA State	94105 Zip Code	
	Ony	0.0.0	<b>2.</b> p 0000	
non-profit foundation	business activity (if business) or its nature and intere	sts.	<u> </u>	
			e gift:	
ir applicable, identity the name of	of each source and the amount(s) solicited	or received by the donor for this	s yiii.	
	\$		\$	
Name	Amount	Name	Amount	
Travel Payment Informatio	(month, day, year)  n (Round to whole dollars) Location of Tra	(Round to whole dollars)		
<u> </u>	nsportation Expenses Lodging Expenses	S \$	\$	
	nsportation Expenses Lodging Expenses iption of the nature and use of t			
The Shinnyo-en Foundation by CaliforniaVolunteers for	n provided a grant to CaliforniaVolunte various events and programs promotin	ers in the amount of \$125,00 ng volunteerism and service.	0. The funds will be used	
Identify the officials for	whom the payment was used:			
N/A				
Last Name	First Name	Title	Department/Division	
Last Name	First Name	Title	Department/Division	
4. Verification				
	e interests of the agency to accept this gift	t and use it for the official agency	business described above.	
<1/-	Sugar Kanzadi	Chief of Staff	1 12100	
Signature of Agency Head or Designe	Susan Kennedy Print Name	Chief of Staff	(month, day, year)	
Comment: (Use this space or an	attachment for any additional information.)			